

L080000011069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W08000004435

Office Use Only



100115975631

01/24/08--01045--023 \*\*155.00

FILED  
08 JAN 31 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JAN 31 2008  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T 3 R Floor Covering LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Dove or  
(Name of Person)

T 3 R Floor Covering LLC.  
(Firm/Company)

1354 Wrights Creek Rd.  
(Address)

Bonifay Florida 32425  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Dove at ( 850 ) 263-3560  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
08 JAN 31 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2008

TIM DOVE  
1354 WRIGHT CREEK RD.  
BONIFAY, FL 32425

SUBJECT: T & R FLOOR COVERING LLC  
Ref. Number: W08000004435

We have received your document for T & R FLOOR COVERING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 808A00005677

**FILED**  
08 JAN 31 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

T & R Floor Covering LLC.  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1354 Wrights Creek Rd  
Bonifay Florida  
32425

**Mailing Address:**

1354 Wrights Creek Rd.  
Bonifay Florida  
32425

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Tim Dove  
Name

1354 Wrights Creek Rd.  
Florida street address (P.O. Box **NOT** acceptable)  
Bonifay FL 32425  
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Tim Dove  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
08 JAN 31 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Tim Dove  
1354 Wrights Creek Rd.  
Bonifay Fl. 32425

MGRM

Ron Bennett  
1354 Wrights Creek Rd.  
Bonifay Fl. 32425

MGRM

Robyn Dove  
1354 Wrights Creek Rd.  
Bonifay Fl. 32425

MGRM

Peggy Bennett  
1354 Wrights Creek Rd.  
Bonifay Fl. 32425

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tim Dove  
\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
08 JAN 31 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**